


<b>NRC FORM 7</b> (11-2012) 10 CFR 110		 <b>U. S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0027</b>		<b>EXPIRES: (11/30/2015)</b>	
<b>APPLICATION FOR NRC EXPORT OR IMPORT LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S)</b> (See Instructions on Pages 4 and 5)							
<b>PART A. FOR NRC USE ONLY</b>			<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC		<b>DATE RECEIVED</b> <b>OCT 05 2015</b>		
<b>LICENSE NUMBER</b> PXB20500		<b>DOCKET NUMBER</b> 11ND0215		<b>ADAMS ACCESSION NUMBER</b>			
<b>PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS, OR CONSENT REQUESTS</b> (If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)							
<b>1. NAME AND ADDRESS OF APPLICANT/LICENSEE</b> Community Health Network, Inc. 1500 North Ritter Avenue Indianapolis, IN 46219  License # 13-06009-01			<b>1a. NAME OF APPLICANT'S CONTACT</b> Erin Bell		<b>1b. APPLICANT'S REFERENCE NUMBER</b> EXPORT1		
			<b>1c. PHONE NUMBER</b> (317) 355-5528		<b>1d. FAX NUMBER</b> (317) 957-2714		
			<b>1e. E-MAIL ADDRESS</b> ebell2@ecommunity.com				
<b>2. TYPE OF ACTION REQUESTED (Check One)</b>							
<input checked="" type="checkbox"/> EXPORT (Parts B, C, E)		<input type="checkbox"/> IMPORT (Parts B, D, E)		<input type="checkbox"/> AMENDMENT/RENEWAL Current License Number:		<input type="checkbox"/> CONSENT REQUEST (Parts B, C) Current License Number:	
<b>3. CONTRACT NUMBER(S)</b>		<b>4. FIRST SHIPMENT DATE</b> 12/15/2015		<b>5. LAST SHIPMENT DATE</b>		<b>6. PROPOSED EXPIRATION DATE</b> 4/1/2016	
<b>PART C. TO BE COMPLETED FOR EXPORT LICENSES, AMENDMENTS, OR RENEWALS</b> (If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)							
<b>7. NAME(S) / ADDRESS(ES) OF SUPPLIERS AND/OR OTHER PARTIES TO THE EXPORT</b> Best Theratronics, Ltd. 413 March Road Ottawa, Ontario, Canada K2K 0E4			<b>8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)</b> N/A		<b>9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)</b> Best Theratronics, Ltd. 413 March Road Ottawa, Ontario, Canada K2K 0E4		
<b>7a. FUNCTION(S) PERFORMED/SERVICE(S) PROVIDED</b> Removal and Transport			<b>8a. INTERMEDIATE USE(S)</b>		<b>9a. ULTIMATE END USE(S)</b> Recycle and Disposal		
<b>10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS; FOR NUCLEAR EQUIPMENT INCLUDE TOTAL DOLLAR VALUE OF EQUIPMENT FOR EXPORT</b> Sealed Source Blood Irradiator Gamma Cell 1000 Model A Value \$				<b>10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)</b> Sealed Source of Cs-137, 12.1 TBq on 9/9/15		<b>10b. MAX ENRICHMENT OR WGT %</b>	<b>10c. MAX ISOTOPE WGT (KG)</b>
<b>11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)</b>							

NRC FORM 7  
(11-2012)  
10 CFR 110

U. S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR NRC EXPORT OR IMPORT  
LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S) (Continued)

LICENSE NUMBER DXB 2008-03	DOCKET NUMBER 11006213	ADAMS ACCESSION NUMBER	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC
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PART D. TO BE COMPLETED FOR IMPORT LICENSES, AMENDMENTS, OR RENEWALS

(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)

12. NAME(S) / ADDRESS(ES) OF FOREIGN SUPPLIERS AND/OR OTHER PARTIES TO IMPORT	13. NAME(S) / ADDRESS(ES) OF INTERMEDIATE CONSIGNEE(S)	14. NAME(S) / ADDRESS(ES) OF ULTIMATE U. S. CONSIGNEE(S)	
12a. NRC EXPORT LICENSE NUMBER(S) (if applicable)	13a. LICENSE NUMBER(S) / EXPIRATION DATE(S)	14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)	
	13b. INTERMEDIATE USE(S)	14b. ULTIMATE END USE(S)	
15. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)	15b. MAX ENRICHMENT OR WGT %	15c. MAX ISOTOPE WGT (KG)

16. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)

PART E. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS OR CONSENT REQUEST(S)

17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. CERTIFICATION: I, the applicant's authorized official, hereby certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, and that all information provided is correct to the best of my knowledge.	
18a. PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL Erin Bell, MHP Radiation Safety Officer Community Health Network, Inc.	18b. SIGNATURE -- AUTHORIZED OFFICIAL <i>Erin Bell</i>
18c. DATE 9/28/2015	